

South Dakota Department of Agriculture  
State Trade and Export Promotion (STEP) Program  
Small Business Travel Expense Reimbursement Form

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Company Name: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Travel Costs**

Airfare\* \_\_\_\_\_

Hotel\* \_\_\_\_\_

Per Diem \_\_\_\_\_ days x \$ 50 /day = \$ \_\_\_\_\_

Other Costs\* (please specify) \_\_\_\_\_

\*Copies of receipts need to be included for all costs that you are requesting reimbursement for.

(to be filled out by SDDA staff)

**TOTAL COSTS** \_\_\_\_\_ x 50% = \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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Please return this form along with a W-9 to:

South Dakota Department of Agriculture

Alison Kiesz

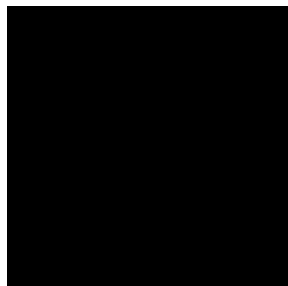
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